

STATEMENT IN FAVOR OF LOSS



B2W0096	AMOUNT OF POLICY <b>\$1,828,000.00</b>
Policy Number 630-190C7522	Effective - Expiration 12/31/99 - 12/31/00
Name of Agency <b>CAIN &amp; DIVVER INSURANCE AGENCY</b>	

To the Travelers Property Casualty of Hartford Connecticut.

At the time of loss, by the above indicated policy of insurance you insured against loss by **EXPLOSION/FIRE** to the property described 51 BALLOU BLVD, BRISTOL RI according to the terms and conditions of the said policy and all forms, endorsements, transfers, and assignments attached thereto.

**Time and Origin:** A loss occurred about the hour of 3:00 A.M. on the 29<sup>th</sup> day of January. The cause and origin of the said loss was: Explosion at coating line head.

**Occupancy:** The building described, or containing the property described, was occupied at the time of the loss as follows, and for no other purpose whatever: Manufacturer of Tape

**Title and interest:** At the time of loss the interest of your insured in the property described therein was . No other person or persons had any interest therein or incumbrance thereon, except: Citizens Trust & Co

**Changes:** Since the said policy was issued there has been no assignment thereof, or change of interest, use, occupancy, possession, location or exposure of the property described except: None

**Total Insurance:** The total amount of insurance upon the property described by this policy was, at the time of loss, , as more particularly specified in the apportionment besides which there was no policy or other contract of insurance, written or oral, valid. \$1,828,000.00

The Actual Cash Value of said property at the time of the loss was \$196,353.97

The Whole Loss and Damage was \$220,664.38

The Amount Claimed under the above numbered policy is

RCV = \$220,664.38 \*  
DEP = \$24,310.40 (COLLECTIBLE )  
ACV = \$196,353.97 \*  
DED = \$5000.00  
SUB = \$191,353.97  
ADV = \$100,000.00  
PAY = \$91,353.97

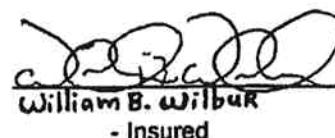
Does not include ServiceMaster

The said loss did not originate by any act, design or procurement on the part of your insured, or this affiant; nothing has been done by or with the privity or consent of your insured or this affiant, to violate the conditions of the policy, or render it void; no articles are mentioned herein or in annexed schedules but such as were destroyed or damaged at the time of said loss; no property saved has in any manner been concealed, and no attempt to deceive the said company, as to the extent of said loss, has in any manner been made. Any other information that may be required will be furnished and considered a part of this proof.

The furnishing of this blank or the preparation of proofs by a representative of the above insurance company is not a waiver of any of its rights.

State of Rhode Island

County of Bristol

  
William B. Wilbur, President  
PATCO Corporation  
- Insured

Subscribed and sworn to before me this 27<sup>th</sup> day of March 2000

  
Notary Public  
MARIE L. KNAPMAN  
NOTARY PUBLIC  
STATE OF RHODE ISLAND  
MY COMMISSION EXPIRES 03/31/02



TRN 000074

**Sworn Statement in Proof of Loss**

Claim Number B2W0096	Amount of Policy \$1,828,000.00
Policy Number 630-190C7522	Effective - Expiration 12/31/99 - 12/31/00
Name of Agency <b>CAIN &amp; DIVVER INSURANCE AGENCY</b>	

To the Travelers Property Casualty of Hartford Connecticut.

At the time of loss, by the above indicated policy of insurance you insured against loss by EXPLOSION/FIRE to the property described 51 BALLOU BLVD, BRISTOL RI according to the terms and conditions of the said policy and all forms, endorsements, transfers, and assignments attached thereto.

**Time and Origin:** A loss occurred about the hour of 3:00 A.M. on the 29<sup>th</sup> day of January. The cause and origin of the said loss was: Explosion at coating line head.

**Occupancy:** The building described, or containing the property described, was occupied at the time of the loss as follows, and for no other purpose whatever: Manufacturer of Tape

**Title and interest:** At the time of loss the interest of your insured in the property described therein was . No other person or persons had any interest therein or incumbrance thereon, except: N/A

**Changes:** Since the said policy was issued there has been no assignment thereof, or change of interest, use, occupancy, possession, location or exposure of the property described except: None

**Total Insurance:** The total amount of insurance upon the property described by this policy was, at the time of loss, , as more particularly specified in the apportionment besides which there was no policy or other contract of insurance, written or oral, valid.\$1,828,000.00

The Actual Cash Value of said property at the time of the loss was

The Whole Loss and Damage was

BPP & MACHINERY CLAIM = \$420,803.76
ADVANCE PAYMENTS = -\$250,000.00
BALANCE PAYABLE = \$ 170,803.76

The Amount Claimed under the above numbered policy is

The said loss did not originate by any act, design or procurement on the part of your insured, or this affiant; nothing has been done by or with the privity or consent of your insured or this affiant, to violate the conditions of the policy, or render it void; no articles are mentioned herein or in annexed schedules but such as were destroyed or damaged at the time of said loss: no property saved has in any manner been concealed, and no attempt to deceive the said company, as to the extent of said loss, has in any manner been made. Any other information that may be required will be furnished and considered a part of this proof.

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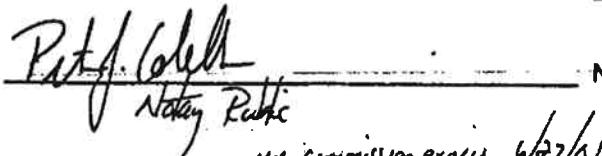
State of RHODE ISLAND

County of BRISTOL

  
 William B. Wilbur  
 - Insured

President  
 PATCO Corporation

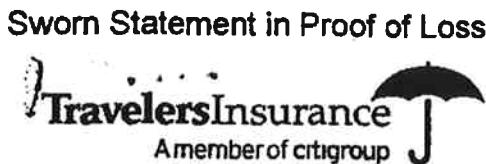
Subscribed and sworn to before me this 21<sup>st</sup> day of MARCH 2001

  
 Notary Public  
 my commission expires 6/27/01

(52536-D) 1-50

CAT. 491144  
 Printed in the U.S.A.

TRV 000067



Claim Number <b>B2W0096</b>	Amount of Policy <b>\$1,500,000</b>
Policy Number <b>630-190C7522</b>	Effective - Expiration <b>12/31/99-12/31/00</b>
Name of Agency <b>Cain &amp; Divver Insurance Agency</b>	

To the Travelers Indemnity Company of Illinois of Hartford Connecticut.

At the time of loss, by the above indicated policy of insurance you insured against loss by **Explosion/Fire** to the property described at **51 Ballou Blvd, Bristol, RI 02809** according to the terms and conditions of the said policy and all forms, endorsements, transfers, and assignments attached thereto.

**Time and Origin:** A loss occurred about the hour of **3:00 A.M.**, on the **29<sup>th</sup>** day of **January 2000**. The cause and origin of the said loss were: **. Explosion at Coating Line**

**Occupancy:** The building described, or containing the property described, was occupied at the time of the loss as follows, and for no other purpose whatever: **. Tape Manufacturing Facility**

**Title and interest:** At the time of loss the interest of your insured in the property described therein was . No other person or persons had any interest therein or incumbrance thereon, except: **. N/A**

**Changes:** Since the said policy was issued there has been no assignment thereof, or change of interest, use, occupancy, possession, location or exposure of the property described except: **. None**

**Total Insurance:** The total amount of insurance upon the property described by this policy was, at the time of loss, , as more particularly specified in the apportionment besides which there was no policy or other contract of insurance, written or oral, valid. **\$1,500,000**

**The Actual Cash Value** of said property at the time of the loss was

**Extra Expense \$162,462.44**

**The Whole Loss and Damage was**

**B/I \$ 74,757.60**

**Subtotal \$237,220.04**

**Advance -\$75,000.00**

**Balance Due \$162,220.04**

**The Amount Claimed under the above numbered policy is**

The said loss did not originate by any act, design or procurement on the part of your insured, or this affiant; nothing has been done by or with the privity or consent of your insured or this affiant, to violate the conditions of the policy, or render it void; no articles are mentioned herein or in annexed schedules but such as were destroyed or damaged at the time of said loss; no property saved has in any manner been concealed, and no attempt to deceive the said company, as to the extent of said loss, has in any manner been made. Any other information that may be required will be furnished and considered a part of this proof.

The furnishing of this blank or the preparation of proofs by a representative of the above insurance company is not a waiver of any of its rights.

State of Rhode Island

William W. Wilbur, 

County of Bristol

- Insured

  
President  
PATCO Corp.

Subscribed and sworn to before me this 27<sup>th</sup> day of July 2001

Ma J. K.

Notary Public

(52536-D) 1-80

MARSHAL APMAN  
NOTARY PUBLIC  
STATE OF RHODE ISLAND  
MY COMMISSION EXPIRES 13/31/02

CAT. 491144  
Printed in the U.S.A.

TRV 000070

## Sworn Statement in Proof of Loss

**TravelersInsurance**  
A member of citigroup



Claim Number <b>B2W0096</b>	Amount of Policy <b>\$1,828,000.00</b>
Policy Number <b>630-190C7522</b>	Effective - Expiration <b>12/31/99-12/31/00</b>
Name of Agency <b>CAIN &amp; DIVVER INSURANCE AGENCY</b>	

To the of The Travelers Indemnity Company of Illinois Hartford Connecticut.

At the time of loss, by the above indicated policy of insurance you insured Patco Corp against loss by Explosion / Fire to the property described at 51 Ballou Blvd, Bristol, RI 02809 according to the terms and conditions of the said policy and all forms, endorsements, transfers, and assignments attached thereto.

**Time and Origin:** A loss occurred about the hour of 3:00 a.m., on the 29<sup>th</sup> day of January 2000. The cause and origin of the said loss were: . Explosion at Coating Line

**Occupancy:** The building described, or containing the property described, was occupied at the time of the loss as follows, and for no other purpose whatever: . Tape Manufacturing Facility

**Title and interest:** At the time of loss the interest of your insured in the property described therein was . No other person or persons had any interest therein or incumbrance thereon, except: .N/A

**Changes:** Since the said policy was issued there has been no assignment thereof, or change of interest, use, occupancy, possession, location or exposure of the property described except: .N/A

**Total Insurance:** The total amount of insurance upon the property described by this policy was, at the time of loss, , as more particularly specified in the apportionment besides which there was no policy or other contract of insurance, written or oral, valid.

The Actual Cash Value of said property at the time of the loss was

Servicemaster Paid Direct \$98,633.14

The Whole Loss and Damage was

The Amount Claimed under the above numbered policy is

The said loss did not originate by any act, design or procurement on the part of your insured, or this affiant; nothing has been done by or with the privity or consent of your insured or this affiant, to violate the conditions of the policy, or render it void; no articles are mentioned herein or in annexed schedules but such as were destroyed or damaged at the time of said loss: no property saved has in any manner been concealed, and no attempt to deceive the said company, as to the extent of said loss, has in any manner been made. Any other information that may be required will be furnished and considered a part of this proof.

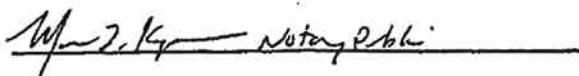
The furnishing of this blank or the preparation of proofs by a representative of the above insurance company is not a waiver of any of its rights.

State of Rhode Island

County of Bristol

  
William B. Wilbur, President  
Insured

Subscribed and sworn to before me this 16<sup>th</sup> day of August 2001

 Notary Public

MARIE L. KNAPMAN  
NOTARY PUBLIC  
STATE OF RHODE ISLAND  
MY COMMISSION EXPIRES 12/31/07

CAT. 491144  
Printed in the U.S.A.

TRV 000077